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State of Nebraska
Investigator's Motor Vehicle Accident Report

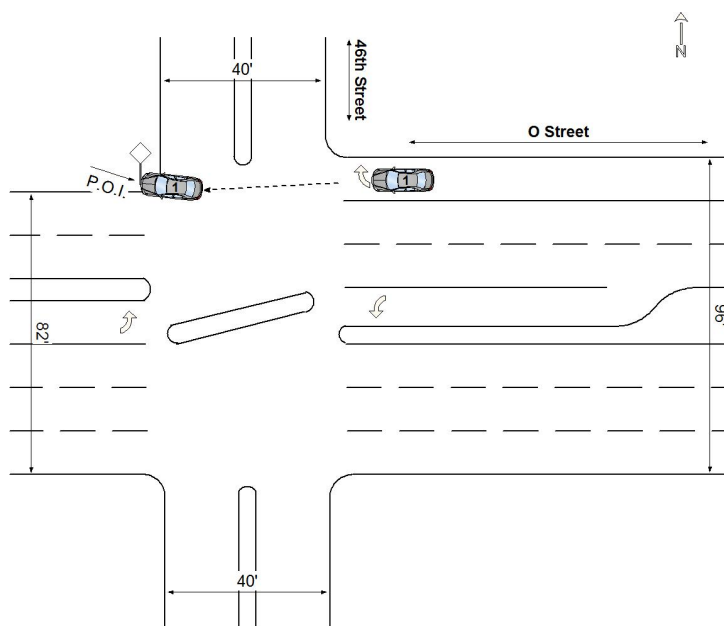
Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 035	Agency Case No. B5-084253	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/11/2015		(In Military Time) TIME OF ACCIDENT 1919	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1920	09/13/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. O Street		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	27.00		X West curb of 46th			
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
F	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	H13571033		STATE (Of License)	NE	SEX <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/N	DRIVER REBECCA J BIODROWSKI		PHONE 4023201382		LOCAL NO.	
V2/N	DRIVER ADDRESS 5615 N 79TH ST, OMAHA, NE 68134		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	08/07/1996
G	OWNER STEVEN J BIODROWSKI / Angela M Biodrowski		PHONE 4025724238		LOCAL NO. 11-04-1956	
2	OWNER ADDRESS 5615 N 79th St, omaha, NE 68134		CITY, STATE, ZIP		CITATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> PENDING <input type="checkbox"/> NO	CITATION NO. LB482614
H	LICENSE PLATE PA NO.	SBC004		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O	VEHICLE	YEAR 1992	MAKE Ford	MODEL Mustang	BODY STYLE 2 door Sedan	COLOR silver / chrome
1	VEHICLE ID NO. (VIN)	1FACP44M6NF127701		ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 200		
V2/O	TOWED TO	TOWED BY		INSURANCE COMPANY State Farm		
I	VEHICLE NO. 2					
4	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/P	DRIVER		PHONE		LOCAL NO.	
V2/P	DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
J	OWNER		PHONE		LOCAL NO.	
01	OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input type="checkbox"/> YES <input type="checkbox"/> PENDING <input type="checkbox"/> NO	CITATION NO.
V1/Q	LICENSE PLATE NO.			YEAR (Plate Expires)		STATE (Of Plate)
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
K	VEHICLE ID NO. (VIN)			ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$		
01	TOWED TO	TOWED BY		INSURANCE COMPANY		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow

POI
27' West of west curb of N 46th Street
3'9 North of north curb of O Street



Not To Scale

D1 reported she was WB on O St, approaching N 46th St, at an estimated speed of 25mph in the northern most lane. D1 stated there was glare from the sun and she did not realize her lane ended. D1 continued WB, went up on the north curb of O St and collided with a yellow/black caution sign. The sign was pushed over and bent. D1 was cited/released.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	OM3R Lane ending	City of Lincoln Public Works	555 S 10th St, Lincoln, NE 68508	4024417548	\$ 200
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE
VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1
VEH NO.	N S E W	ROAD OR HIGHWAY NAME			
1		X	O Street		
2					
1	01		06 Turning left 07 Making U-turn		
2			08 Entering traffic lane		
01 Essentially straight ahead		09 Leaving traffic lane		1 None used - vehicle occupant	
02 Backing		10 Parked		2 Lap & shoulder belt used	
03 Changing lanes		11 Slowing or stopped in traffic		3 Shoulder belt only used	
04 Overtaking/Passing		12 Other		4 Lap belt only used	
05 Turning right		13 Unknown		5 Child safety seat used	
				6 Child booster seat used	
				7 DOT approved helmet used	
				8 Costume helmet used	
				9 Restraint use unknown	
OFFICER NO.		TROOP/TEAM/BEAT	DEPARTMENT	TOTAL OCCUPANTS	
1704		7	Lincoln Police Department	VEH 1 3 VEH 2	
INVESTIGATOR NAME (Print or Type)		INVESTIGATOR SIGNATURE		ALCOHOL TESTING	
Angela Morehouse		Approved by Officer Angela Morehouse		Driver No. 1 Driver No. 2 Pedestrian	
				Y Y Y	
				N X N N	
				BAC LEVEL	
				ALCOHOL/DRUGS SUSPECTED	
				Driver No. 1 Driver No. 2	
				1	
				1 Neither alcohol nor drugs suspected	
				2 Yes - alcohol suspected	
				3 Yes - drugs suspected	
				4 Yes - alcohol & drugs suspected	
				5 Unknown	
DATE OF REPORT		09/13/2015		Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	